

56

1402185

COPY

Statement of Organization Recipient Committee

Received Oxnard City Clerk

Received Oxnard City Clerk

CALIFORNIA FORM 410

Statement Type Initial

- Not yet qualified or Date qualified as committee

2018 FEB 22 AM 11:45 termination - See 2018 JAN 30 PM 3:29

RECEIVED AND FILED in the office of the Secretary of State of the State of California

FEB 05 2018

For Official Use Only

1. Committee Information I.D. Number (if applicable) NAME OF COMMITTEE MIGUEL LOPEZ FOR MAYOR 2018 STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln. CITY Oxnard STATE CA ZIP CODE 93035 AREA CODE/PHONE (805) 889-8169

2. Treasurer and Other Principal Officers NAME OF TREASURER Eva E. Lopez STREET ADDRESS (NO P.O. BOX) 2541 Taffrail Ln. CITY Oxnard STATE CA ZIP CODE 93035 AREA CODE/PHONE (805) 984-4108

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/30/18 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 1/30/18 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Received
Oxnard City Clerk

2018 JAN 30 PM 3:29

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME
MIGUEL LOPEZ FOR MAYOR 2018

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE (805) 240-1440	BANK ACCOUNT NUMBER	
ADDRESS 155 S. A Street	CITY Oxnard	STATE CA	ZIP CODE 93030

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
Miguel Lopez	Mayor	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Clear Page

Print